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APPLICANTS

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** CONTINUING DATA *****
 This appln claims benefit of 60/268,362 02/14/2001

none ATTB T.O.

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
 ** 03/07/2002

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <i>T.O.</i>	STATE OR COUNTRY NY	SHEETS DRAWING 5	TOTAL CLAIMS 38	INDEPENDENT CLAIMS 10
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35 USC 119 (a-d) conditions met
☐ yes ☒ no ☐ Met after Allowance

Verified and Acknowledged
ATB Examiner's Signature *ATTB* Initials

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TITLE
 Amplified cancer gene WIP1

FILING FEE RECEIVED 1782	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue)
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